

Exhibit 6-2

Certified Plan Solicitation Directive

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

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ATTORNEYS FOR DEBTOR

In re:

LTL MANAGEMENT LLC,¹

Debtor.

Chapter 11

Case No.: 23-12825 (MBK)

Judge: Michael B. Kaplan

CERTIFIED PLAN SOLICITATION DIRECTIVE

**PLEASE REFER TO THE INSTRUCTIONS ATTACHED BEHIND
THIS CERTIFIED PLAN SOLICITATION DIRECTIVE**

In accordance with the Solicitation Procedures for the *Amended Chapter 11 Plan of Reorganization of LTL Management LLC* [Dkt. 912] (together with all schedules and exhibits thereto, and as may be modified, amended, or supplemented from time to time, the “Plan”),² I hereby direct that distribution of Solicitation Packages to clients asserting Direct Talc Personal Injury Claims that I represent (the “Clients”), identified on the list of Clients required to be

¹ The last four digits of the Debtor’s taxpayer identification number are 6622. The Debtor’s address is 501 George Street, New Brunswick, New Jersey 08933.

² Capitalized terms used but not otherwise defined herein have the meanings ascribed to such terms in the Plan or the Solicitation Procedures, as applicable.

submitted with this Certified Plan Solicitation Directive (the "Client List"), in connection with the Plan be implemented as follows:

Box 1 ☐ **No Solicitation Required.** I do not represent any Clients asserting Direct Talc Personal Injury Claims. By signing below, I hereby certify and authorize the Solicitation Agent to remove me from the service list in the above-captioned case.

Box 2 ☐ **Master Ballot Solicitation Method.** I choose to solicit, collect, record and submit the votes of each of my Clients identified on the annexed Client List. Accordingly, I will either provide the Solicitation Package to, or request that the Solicitation Agent serves Solicitation Packages (without a Ballot) on, each of the Clients and I will record my Clients' votes for or against the Plan on a Master Ballot solely based on responses that I receive from my Clients. I may forward the Solicitation Package to my Clients and collect votes on the Plan through my Firm's customary practices, including by mail, email, telephone, text or other standard communication methods, including digital communications. By signing below, I hereby certify that: (a) each of the Clients set forth on the annexed Client List is represented by me and I will collect and record the votes of my Clients through customary and accepted practices, or will obtain authority to procedurally cast each Client's vote; (b) I will comply with the voting procedures set forth in the Disclosure Statement and Solicitation Procedures Order and the Master Ballot that I submit on behalf of my Clients will reflect each Client's informed decision on such vote; (c) no Solicitation Packages need to be provided to any of my Clients by the Solicitation Agent unless I have made the informational service election below; (d) I have a reasonable belief that each holder of a Direct Talc Personal Injury Claim listed on the annexed Client List, as of the date hereof, holds a Direct Talc Personal Injury Claim in Class 4; (e) I have a reasonable belief that each Client listed on the annexed Client List has a diagnosis of Mesothelioma or Gynecologic Cancer, which I reasonably believe is supported by medical records or similar documentation regarding the person who has or had such disease (the holder of a Direct Talc Personal Injury Claim and/or such holder's attorney should **NOT** submit any documentation, medical or otherwise, with the Ballot); (f)(i) with respect to Clients asserting a diagnosis of Gynecologic Cancer, I have a reasonable belief that each Client listed on the annexed Client List has consistently used one or more J&J Talc Products in the perineal area for a minimum of four consecutive years and was newly diagnosed with a Gynecologic Cancer at least ten years following first use of J&J Talc Products, and, (ii) with respect to Clients asserting a diagnosis of Mesothelioma, I have a reasonable belief that each Client listed on the annexed Client List has consistently used J&J Talc Products for a minimum of four consecutive years, was newly diagnosed with Mesothelioma at least ten years following first use of J&J Talc Products, has not alleged and will not allege that exposure to asbestos or alleged asbestos contamination in any product other than one or more J&J Talc Products or other talcum powder product(s) caused or contributed to his/her Mesothelioma; and has not sought compensation for, will not seek compensation for, and has not previously been compensated for alleged exposure to asbestos from any source other than through one or more J&J Talc Products or other talcum powder product(s); and (g) I have included my Client List with this Certified Plan Solicitation Directive.

☐ Informational Service Election. Although I will submit the vote of each of my Clients' Direct Talc Personal Injury Claims as set forth above, I request that the

Solicitation Agent serves copies of the Solicitation Packages (without a Ballot) on my Clients. By making this election, I understand that I must submit a Client List (which list is subject to the requirements set forth below) including my Clients' addresses to the Solicitation Agent with this Certified Plan Solicitation Directive.

If you have made this election, please indicate:

(a) The approximate number of Clients that you represent: _____.

and

(b) Whether you intend to have the Solicitation Agent include a cover letter or other communication from you to your Clients with the Solicitation Packages: [YES] or [NO].

Box 3 ☐ **Individual Solicitation Method — Option A (Direct Solicitation).** I choose not to solicit, or collect, or record and submit the vote any of my Clients' Direct Talc Personal Injury Claims. Accordingly, I hereby direct the Solicitation Agent to send Solicitation Packages directly to each Client. By signing below, I hereby certify that: (a) I have included my Client List (which list is subject to the requirements set forth below) including my Clients' addresses with this Certified Plan Solicitation Directive; and (b) I represent each of the Clients set forth on the Client List.

If you have made this election, please indicate:

(a) The approximate number of Clients that you represent: _____.

and

(b) Whether you intend to have the Solicitation Agent include a cover letter or other communication from you to your Clients with the Solicitation Packages: [YES] or [NO].

Box 4 ☐ **Individual Solicitation Method — Option B (Indirect Solicitation).** I hereby direct the Solicitation Agent to send the Solicitation Packages with customized Ballots for each of my Clients to me. I will provide the Solicitation Packages to my Clients through my firm's customary practices, including by mail, email, telephone, text or other standard communication methods, including digital communications. I prefer to solicit the votes of my Clients but choose to have the Clients cast their own votes on the Plan by submitting Ballots with their votes directly to the Solicitation Agent. Accordingly, I hereby direct the Solicitation Agent to send the Solicitation Packages for each of my Clients to me, and I will provide such packages to my Clients. By signing below, I hereby certify that: (a) I have included my Client List (which list is subject to the requirements set forth below) with this Certified Plan Solicitation Directive; (b) I represent each of the Clients set forth on the Client List; (c) the Solicitation Packages, with customized ballots for each of my Clients, should be delivered to my office, and I will deliver such packages to my Clients within three Business Days after receipt; and (d) within three Business Days of my delivery of the Solicitation Packages to my Clients, I will file an affidavit with the Bankruptcy Court evidencing such service and will send a copy of such affidavit to the

Solicitation Agent. The affidavit of service need not list each Client individually; rather, the affidavit need state only that (a) service of the Solicitation Packages on each Client listed on the Client List was completed; and (b) the date(s) on which such service took place.

If you have made this election, please:

(a) Indicate the approximate number of Clients that you represent: _____.

(b) Indicate whether you intend to have the Solicitation Agent include a cover letter or other communication from you to your Clients with the Solicitation Packages: [YES] or [NO].

and

(c) Provide a delivery address for Solicitation Packages, if such address is different from the address below: _____.

Box 5 ☐ **Hybrid Solicitation Method.** I choose the Master Ballot Solicitation Method for only certain of my Clients (collectively, the “Master Ballot Clients”) identified on the list of Clients submitted to the Solicitation Agent as required to complete this Certified Plan Solicitation Directive (the “Master Ballot Client List”). Accordingly, I will either provide the Solicitation Package to, or request that the Solicitation Agent serves Solicitation Packages (without a Ballot) on, each of the Master Ballot Clients and I will record my Master Ballot Clients’ votes for or against the Plan on a Master Ballot solely based on responses that I receive from the Master Ballot Clients. I may forward the Solicitation Package to my Master Ballot Clients and collect votes for or against the Plan through my firm’s customary practices, including by mail, email, telephone, text or other standard communication methods, including any digital communications. By signing below, I hereby certify that: (a) each of the Master Ballot Clients set forth on the annexed Master Ballot Client List is represented by me and I will collect and record the votes of the Master Ballot Clients through customary and accepted practices, or will obtain authority to procedurally cast each Master Ballot Clients’ vote; (b) I will comply with the voting procedures set forth in the Disclosure Statement and Solicitation Procedures Order and the Master Ballot that I submit on behalf of my Master Ballot Clients will reflect each Master Ballot Client’s informed decision on such vote; (c) no Solicitation Packages need to be provided to any of my Master Ballot Clients by the Solicitation Agent unless I have made the informational service election below; (d) I have a reasonable belief that each holder of a Direct Talc Personal Injury Claim listed on the annexed Master Ballot Client List, as of the date hereof, holds a Direct Talc Personal Injury Claim in Class 4; (e) I have a reasonable belief that each Master Ballot Client listed on the annexed Master Ballot Client List has a diagnosis of Mesothelioma or Gynecologic Cancer, which I reasonably believe is supported by medical records or similar documentation regarding the person who has or had such disease ; (f)(i) with respect to Clients asserting a diagnosis of Gynecologic Cancer, I have a reasonable belief that each Client listed on the annexed Client List has consistently used one or more J&J Talc Products in the perineal area for a minimum of four consecutive years and was newly diagnosed with a Gynecologic Cancer at least ten years following first use of J&J Talc Products, and, (ii) with respect to Clients asserting a diagnosis of Mesothelioma, I have a reasonable belief that each Client listed on the annexed Client List has consistently used J&J Talc Products for a

minimum of four consecutive years, was newly diagnosed with Mesothelioma at least ten years following first use of J&J Talc Products, has not alleged and will not allege that exposure to asbestos or alleged asbestos contamination in any product other than one or more J&J Talc Products or other talcum powder product(s) caused or contributed to his/her Mesothelioma; and has not sought compensation for, will not seek compensation for, and has not previously been compensated for alleged exposure to asbestos from any source other than through one or more J&J Talc Products or other talcum powder product(s); and (g) I have included my Master Ballot Client List with this Certified Plan Solicitation Directive.

☐ Informational Service Election. Although I will submit the vote of each of the Master Ballot Clients' Direct Talc Personal Injury Claims on their behalf, I request that the Solicitation Agent serves copies of the Solicitation Packages (without a ballot) on the Master Ballot Clients. By making this election, I understand that I must submit a Client List (which list is subject to the requirements set forth below) including my Master Ballot Clients' addresses to the Solicitation Agent with this Certified Plan Solicitation Directive.

If you have made this election, please indicate:

(a) The approximate number of Master Ballot Clients to be served:

_____.

and

(b) Whether you intend to have the Solicitation Agent include a cover letter or other communication from you to your Master Ballot Clients with the Solicitation Packages: **[YES]** or **[NO]**.

With respect to the remaining Clients (the "Individual Ballot Clients"), I hereby direct the Solicitation Agent to solicit votes on the Plan from the Individual Ballot Clients as follows:

Box 5A ☐ I hereby direct the Solicitation Agent to send Solicitation Packages with Ballots directly to each Individual Ballot Client. By signing below, I hereby certify that: (a) I have included my Client List (which list is subject to the requirements set forth below) including my Individual Ballot Clients' addresses with this Certified Plan Solicitation Directive; and (b) I represent each of the Clients set forth on the Client List.

If you have made this election, please indicate:

(a) The approximate number of Individual Ballot Clients to be served:

_____.

and

(b) Whether you intend to have the Solicitation Agent include a cover letter or other communication from you to your Individual Ballot Clients with the Solicitation Packages: **[YES]** or **[NO]**.

Box 5B ☐ I hereby direct the Solicitation Agent to send Solicitation Packages with customized Ballots for each of the Individual Ballot Clients to me. I will provide the Solicitation Packages to my Clients through my firm's customary practices, including by mail, email, telephone, text or other standard communication methods, including digital communications. By signing below, I hereby certify that (i) I have included my Client List (which list is subject to the requirements set forth below) with this Certified Plan Solicitation Directive; (ii) Solicitation Packages for the Individual Ballot Clients should be delivered to my office, and I will deliver such packages to the Individual Ballot Clients within three Business Days after receipt; and (iii) within three Business Days of my delivery of the Solicitation Packages to the Individual Ballot Clients, I will file an affidavit with the Bankruptcy Court evidencing such service and will send a copy of such affidavit to the Solicitation Agent. The affidavit of service need not list each Client individually; rather, the affidavit need state only that (i) service of the Solicitation Packages was completed; and (ii) the date(s) on which such service took place.

If you have made this election, please:

(a) Indicate the approximate number of Individual Ballot Clients that you represent: _____.

(b) Indicate whether you intend to have the Solicitation Agent include a cover letter or other communication from you to your Individual Ballot Clients with the Solicitation Packages: [YES] or [NO].

and

(c) Provide a delivery address for Solicitation Packages, if such address is different from the address below:

_____.

SIGNATURE:

Name of Attorney: _____

Name of Law Firm: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

E-Mail Address: _____

Signature: _____

Instructions for Returning this Certified Plan Solicitation Directive

You must submit this Certified Plan Solicitation Directive (via mail or email) and your Client List (via email) so that they are received on or before **August 15, 2023** by the Debtor's Solicitation Agent, Epiq Corporate Restructuring LLC,(i) by first class mail LTL Management LLC, c/o Epiq Ballot Processing Center, P.O. Box 4422, Beaverton, OR 97076-4422, (ii) by overnight courier or hand delivery to LTL Management LLC, c/o Epiq Ballot Processing, 10300 SW Allen Boulevard, Beaverton, OR 97005, or (iii) by email to LTLVote@epiqglobal.com.

Requirements for Client List

The Solicitation Agent emailed you the Client List in the required format containing the names of your known Clients. It is recommended that you use the emailed Excel file to submit your Client information to the Solicitation Agent. If you choose to use your own format, the Client List should be formatted in accordance with the attached List Formatting Instructions.

List Formatting Instructions and a sample template in Excel format are also available on the Solicitation Agent's website at to <https://dm.epiq11.com/ltl>.

You must complete the Client List by confirming the name and adding the last four digits of the Social Security Number of each of the Clients that you represent or, for Clients who do not have a Social Security Number, the month, date, and year of birth. If you have checked Box 2 and made the Informational Service Election or Box 3 or Box 5A, the Client List must also include a mailing address for, as applicable, each Client or each Individual Ballot Client. If you have checked Box 5, you must also check either Box 5A or Box 5B and must also instruct the Solicitation Agent regarding the solicitation method to use for each Client in the Excel Client List that you return to the Solicitation Agent.

Please send your Client List in Excel by email to LTLVote@epiqglobal.com. If you have any technical questions, or need to arrange for special delivery of your Client List, please contact Epiq Corporate Restructuring, LLC at LTLVote@epiqglobal.com or at (888) 431-4056 (Toll-Free) or +1 (503) 822-6762 (International).

BEFORE RETURNING YOUR DIRECTIVE PLEASE BE SURE TO:

SELECT ONE OF BOX 1, BOX 2 BOX 3, BOX 4, OR BOX 5 AND SELECT THE CORRESPONDING COLUMN IN THE EXCEL CLIENT LIST THAT THE SOLICITATION AGENT PROVIDED.

IF YOU SELECTED BOX 5 PLEASE BE SURE TO SELECT SUB OPTION 5(A) OR 5(B).

COMPLETE THE REQUESTS CONTAINED IN THE RELEVANT BOX.

Client List Formatting Instructions

If you are using your own format, the Client List should be formatted to include each of the following fields (in the order listed):

1. Last Name [*Required Field*]
2. First Name [*Required Field*]
3. Last Four Digits of Social Security Number [*Required field for U.S. Citizens—if not a U.S. Citizen or the Client does not have a Social Security Number, so specify*]
4. Date of Birth (month, date, and year of birth) [*Required field for Clients who do not have a Social Security Number*]
5. Address (necessary only for those Clients on whom you are requesting the Solicitation Agent directly serve individual Solicitation Packages)
6. Indicate if the Client is a new Client that is not on the Client List the Solicitation Agent provided.

Please ensure that columns are no greater than 45 characters wide.

For your convenience, a sample template is set forth below and may also be downloaded in Excel format from the Solicitation Agent's website at <https://dm.epiq11.com/ltl>.

Last Name	First Name	Last Four Digits of Social Security Number (if Client is not a U.S. Citizen, So Specify)	Date of Birth (MMDDYYYY)	Address	City	State	Zip Code
Smith	John	6789	01012000	123 Any Street	Town	State	12345